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IRO Certificate

Notice of Independent Review Decision

DATE OF REVIEW: 7/19/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left lateral unicompartmental vs. total knee replacement; 5 days IP Hospital Stay
CPT: 27446

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Physician Board Certified in Orthopaedic Surgery

**DESCRIPTION OF THE REVIEW OUTCOME THAT CLEARLY STATES WHETHER OR
NOT MEDICAL NECESSITY EXISTS FOR EACH OF THE HEALTHCARE SERVICES IN
DISPUTE.**

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse
determination/adverse determinations should be:

Upheld (Agree)

X Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters/Reconsideration, 6/21/12, 6/14/12
Clinical Notes, University, 5/23/12 – 3/28/12
History of present illness/condition & Phys. Exam., 2/01/11
Diagnostic/Radiology, Designated Doctor Eval., 5/03/12, 3/28/12. 10/11/11
Operative Rpts., 2/01/11, 9/10/09
Physical Therapy Notes, 12/31/09 - 12/01/09
ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose injury occurred in xx/xx. While there appears to be some discrepancy in the exact cause of injury it appears that he was getting onto a forklift, or fell off the forklift, and in some way, injured his low back and both knees. Patient subsequently underwent surgery on his left knee, the knee in question, in xx/xx. Procedure listed was examination under anesthesia, arthroscopy, excision of lateral meniscus tears, excision of loose body, debridement and drilling of osteochondral lesion of medial femoral condyle, debridement and abrasion chondroplasty of the lateral tibial plateau. An MRI was previously done showing a torn lateral meniscus and one report was listed as having a subtle compression fracture of the lateral tibial plateau. Patient further underwent physical therapy program, and was prescribed anti-inflammatories. As best I can tell he did have a cortisone injection although that is not totally clear. As best I can tell, he did not have injections of viscosupplementation. Various reports, post surgery, list him as having a

range of motion from -10 to 90 in one place and from 0 to 130 in another. He apparently had quads atrophy and a painful gait. Because he continued to have pain and did not improve significantly, the last treating physician has suggested arthroplasty - either a unicoronalateral or total knee arthroplasty. Patient underwent a right knee arthroscopy in, and went on to a right total knee replacement in December, 2011. Patient has a diagnosis of disc disease with spondylosis and, apparently, underwent a disc procedure on March, 2012.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

I disagree with the benefit company's decision to deny requested services.

Patient apparently sustained an injury in xxx that has continued to bother him since that time. He either underwent one arthroscopy as described above (or other physician's have described him as having two). At the time of arthroscopy, in addition to a torn lateral meniscus, there was an osteochondral lesion of medial femoral condyle that underwent treatment and significant condyle malaise of the lateral tibial plateau which required a chondroplasty. Following that time, the patient has apparently deteriorated and has continued to do poorly. An MRI done on 5/03/12 describes advanced arthritic changes in the lateral compartment along with bone marrow edema in the lateral tibial plateau, a degenerative lateral and medial meniscus effusion chondromalacia patella. In summary, the patient would appear to have had an extensive amount of treatment over several years time including arthroscopy, physical therapy and medications. He appears to be doing poorly and having significant pain and diagnostic studies which would warrant a partial or complete arthroplasty. Most of the time hospitalization required for this procedure would be somewhere in the region of 3 to 4 days so that the requested 5 days is somewhat longer than usual, but that would be a possibility.

DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY
- ☐ GUIDELINES DWC- DIVISION OF WORKERS COMPENSATION
- ☐ POLICIES OR GUIDELINES EUROPEAN GUIDELINES FOR
- ☐ MANAGEMENT OF CHRONIC LOW BACK PAIN INTERQUAL

CRITERIA

- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE**
- ☐ **GUIDELINES MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT**
- ☐ **GUIDELINES PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**